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		Application Number	10/617,903			
TR	ANSMITTAL	Filling Date	July 11, 2003			
	FORM	First Named Inventor	Schowtka, Alex	ander		
		Art Unit	2628			
		Examiner Name	Lay, Micheile K			
(to be used for	all correspondence after initia	Aftorney Docket Number	03-008			
Total Number of	Pages In This Submission	16	05-000			
ENCLOSURES (Check all that apply)						
Amendme Af Af Extension Express A Information  Certified C Documen Reply to M Incomplet	Ter Final  fidavits/declaration(s)  of Time Request  Abandonment Request  on Disclosure Statement  Copy of Priority	Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Ad Terminal Disclaimer Request for Refund  CD, Number of CD(s)  Landscape Table on CD  Remarks	idress	Appea of App Appea (Appea Proprie	Enclosure(s) (please Identify	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Name	VistaPrint USA, Inc.	Vall.				
Signature	(	get I way				
Printed name	Robert L. Dulaney	V _//				
Date	June 6, 2007	R	eg. No. 28,	,071		
CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on						
the date shown be Signature	SIUVY.					
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete If Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/617,903 **Application Number** FEE TRANSMIT Filing Date July 11, 2003 For FY 2007 First Named Inventor Schowtka, Alexander **Examiner Name** Lay, Michelle K. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2628 TOTAL AMOUNT OF PAYMENT 200.00 Attorney Docket No. 03-008 METHOD OF PAYMENT (check all that apply) Check Credit Card None Other (please identify): Deposit Account Name: VistaPrint USA, Inc. Deposit Account Deposit Account Number: 50-2765 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES Small Entity **Small Entity** Small Entity Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Application Type Fee (\$) Fee (\$) Fee (\$) 300 500 200 150 250 100 Utility 130 200 100 Design 100 50 65 200 300 160 80 Plant 100 150 600 300 500 250 300 Reissue 150 200 0 0 Provisional 100 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee Description Fee (\$) 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) Multiple dependent claims 360 180 Multiple Dependent Claims Extra Claims Fee Paid (\$) **Total Claims** Fee (\$) \_ - 20 or HP = Fee Paid (\$) 0 0 Fee (\$) 25\_\_\_\_ х HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) - 3 or HP = 200.00 100 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Pald (\$) Total Sheets (round up to a whole number) x -100 =150 =4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130. fee (no small entity discount) Other (e.g., late filing/surcharge) SUBMITTED BY Registration No. 28,071 Telephone 781-652-6360 Signature Date June 6, 2007 Name (Print/Type) Robert L. Dulanev

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